

**ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS
FOR INTEREXCHANGE COMPANIES AND AOS'**

COMPANY NAME _____ **FEDERAL ID #** _____

ADDRESS _____ **PHONE NUMBER** _____

CITY, STATE, ZIP CODE _____ **FAX NUMBER** _____

1. **SOUTH CAROLINA OPERATING REVENUES FOR THE 12 MONTHS ENDING
DECEMBER 31, 2003 OR FISCAL YEAR. \$** _____
2. **SOUTH CAROLINA OPERATING EXPENSES FOR THE 12 MONTHS ENDING
DECEMBER 31, 2003 OR FISCAL YEAR. \$** _____
3. **RATE BASE INVESTMENT IN SOUTH CAROLINA OPERATIONS FOR THE 12 MONTHS
ENDING DECEMBER 31, 2003 OR FISCAL YEAR:**

Gross Plant in located or allocated to South Carolina operations \$ _____

CWIP located in or allocated to South Carolina operations \$ _____

Land located in or allocated to South Carolina operations \$ _____

Accumulated Depreciation of South Carolina Plant (\$ _____ **)**

Net Rate Base located in or allocated to South Carolina operations \$ _____

4. **PARENT'S CAPITAL STRUCTURE FOR THE 12 MONTHS ENDING
DECEMBER 31, 2003 OR FISCAL YEAR:**

LONG TERM DEBT \$ _____

EQUITY \$ _____

5. **PARENT'S AVERAGE RATE OF INTEREST ON LONG TERM DEBT** _____ **%.**

6. **CONTACT PERSON FOR ALL FINANCIAL INQUIRES AND REPORTING:**

NAME _____

ADDRESS IF DIFFERENT FROM COMPANY _____

TELEPHONE NUMBER _____

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7. ALL DETAILS ON THE ALLOCATION METHOD USED TO DETERMINE THE AMOUNT OF EXPENSES ALLOCATED TO SOUTH CAROLINA OPERATIONS AS WELL AS METHOD OF ALLOCATION OF COMPANY'S RATE BASE INVESTMENT (SEE #3 ABOVE)(USE BACK IF NEEDED).

NAME OF OFFICER SIGNING FORM (PRINT OR TYPE) _____

SIGNATURE _____

TITLE _____